Changes in Medicare Reimbursement for a Typical Procrit Administration: Option 1¹

Change in Reimbursement m Previous Year	\$6.08 8.08			-\$9.22
Change in Total Reimbursement Reimbursement from Previous Year	\$150.65	\$151.04	\$141.18	\$131.96
Administration Fees (based on 1 unit of 99211)	\$23.73	\$24.12	\$24.95	\$25.96
Reimbursement Based on 10 Fundamental Billing Units	\$126.92	\$126.92	\$116.23	\$106.00
Administration Fee Medicare Reimbursement for Code = 99211 ³	\$23.73	\$24.12	\$24.95	\$25.96
Medicare Reimbursement for Q0136 (includes copay amount) ²	\$12.69	\$12.69	\$11.62	\$10.60
Medicare-based AWP	\$13.36	\$13.36	\$13.36	
Medicare Reimbursement Method	95% AWP	95% AWP	87% AWP	1.06 ASP
Year	2002	2003	2004	2002

Notes

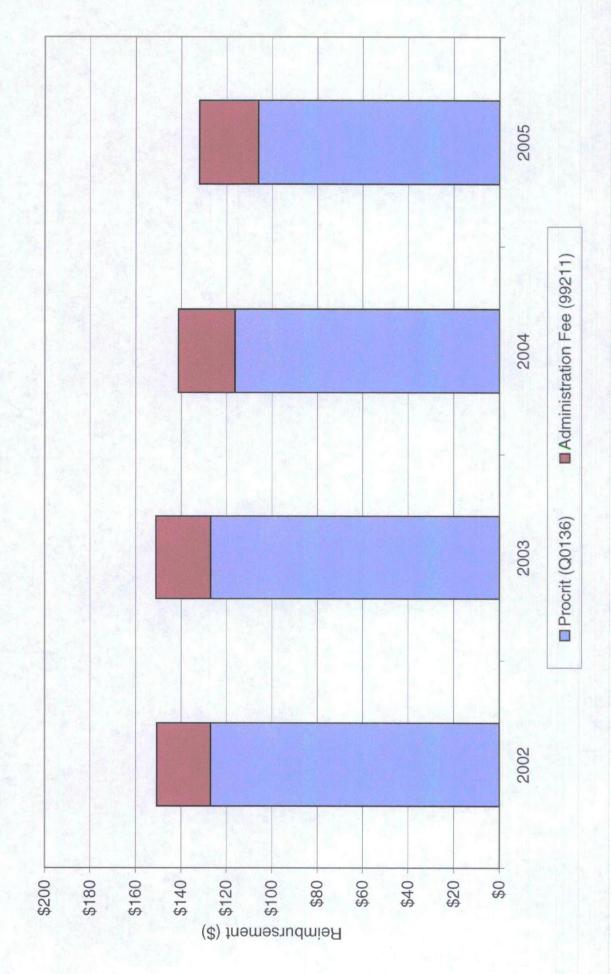
1. Assumes an administration of 10,000 units (see Plaintiffs' Exhibit 362). The fundamental billing unit for Q0136 is 1000 units. Option 1 is based on a CPT code of 99211,

2. Based on reimbursement for Q1 2005. Reimbursement decreased further in Q4 2005 to \$9.22.

3. Code 99211 is for a minimum office visit. (See Plaintiffs' Exhibit 362.) The reimbursement rates were taken from the Massachusetts carrier 3114301 non-facility rates from the CMS website (http://www.cms.hhs.gov/apps/pfslookup/).



Medicare Reimbursement for Procrit and Administration Fee 99211



Changes in Medicare Reimbursement for a Typical Procrit Administration: Option $\mathbf{2}^1$

Change in Reimbursement m Previous Year	\$0.92 -\$9.04 -\$9.03	
Change ir Total Reimbursemeni Reimbursement from Previous Year	\$183.97 \$184.89 \$175.85 \$166.82	
Administration Fees (based on 1 unit of 99213)	\$57.05 \$57.97 \$59.62 \$60.82	
Reimbursement Based on 10 Fundamental Billing Units	\$126.92 \$126.92 \$116.23 \$106.00	
Administration Fee Medicare Reimbursement for Code = 99213 ³	\$57.05 \$57.97 \$59.62 \$60.82	
Medicare Reimbursement for Q0136 (includes to copay amount)	\$12.69 \$12.69 \$11.62 \$10.60	
Medicare-based AWP	\$13.36 \$13.36 \$13.36	
Medicare Reimbursement Method	95% AWP 95% AWP 87% AWP 1.06 ASP	
Year	2002 2003 2004 2005	

Notes

^{1.} Assumes an administration of 10,000 units (see Plaintiffs' Exhibit 362). The fundamental billing unit for Q0136 is 1000 units. Option 1 is based on a CPT code of 99211.

^{2.} Based on reimbursement for Q1 2005. Reimbursement decreased further in Q4 2005 to \$9.22.

^{3.} Code 99213 is for a Level 3 office visit. (See Plaintiffs' Exhibit 362.) The reimbursement rates were taken from Massachusetts carrier 3114301 non-facility rates from the CMS website (http://www.cms.hhs.gov/apps/pfslookup/).

2005 Medicare Reimbursement for Procrit and Administration Fee 99213 ■ Administration Fee (99213) 2004 ■ Procrit (Q0136) 2003 2002 \$200 \$180 \$140 \$120 \$80 \$60 \$20 \$0 \$160 \$100 \$40 Reimbursement (\$)

Changes in Medicare Reimbursement for a Typical Albuterol 0.083% Prescription¹

Change in Reimbursement om Previous Year		\$0.00	-\$16.99	-\$21.13
Change in Total Reimbursement Reimbursement from Previous Year	\$109,74	\$109.74	\$92,75	\$71.63
spensing Fee (30 Day Supply)	\$5.00	\$5.00	\$5.00	\$57.00
Reimbursement Based on 225 Fundamental Dispensing Fee (30 Billing Units ⁵ Day Supply)	\$104.74	\$104.74	\$87.75	\$14.63
Dispensing Fee Medicare Reimbursement Nebulizers	\$5.00	\$5.00	\$5.00	\$57.00
Medicare Reimbursement for J7619/J7613 (includes copay amount) ³	\$0.47	\$0.47	\$0.39	\$0.065
Medicare-based AWP (1 mg) ²	\$0.49	\$0.49	\$0.49	
Medicare Reimbursement Method	95% AWP	95% AWP	80% AWP	1.06 ASP
Year	2002	2003	2004	2005

Notes

- 1. This analysis assumes a one month (30 day) prescription of albuterol sulfate 0.083% for use with a nebulizer.
- 2. Sources: AWPs derived from: CMS drug pricing files; Palmetto drug fee updates (www.palmettogba.com).
- 3. Note that in 2002 2004, the HCPCS code for 0.083% albuterol is J7619. For 2005 it is J7613. 2005 source: 1Q 2005 CMS pricing file.
- 4. Source: CMS fact sheet: http://www.cms.hhs.gov/apps/media/press/factsheet.asp, November 2, 2005. Note that the dispensing fee for refills in 2006 goes down even further to \$33/month.
 - 5. The typical dose is 2.5 mg (or 1 vial) 3 or 4 times daily (source: 2006 Physicians' Desk Reference). Here it is assumed that albuterol is taken 3 times a day.

Therefore, the dose is 2.5 mg \times 3 times per day \times 30 days = 225 mg.



